# UK GRADUATE PRIORITISATION PETITION

**Our stance and demands:**

1. We fully support the UKRDC's policy to lobby for the prioritisation of UK graduates for specialty training posts.
2. We support a form of grandfathering for IMGs currently practising in the UK at the time of this petition.
3. We demand that UKGs and IMGs currently practising in the UK are prioritised above IMGs who have never worked in the UK, or IMGs that start working in the UK at any time after this petition.
4. We demand that the above conditions are also applied to locally employed roles mirroring the 2002 and 2016 resident (junior) doctor contracts.
5. We insist that the BMA UK Council and Chief Officers immediately cease interference with the UKRDC's work on this policy and respect UKRDC's authority to represent resident doctors on this matter.
6. If the above principles are not met we are prepared to cancel our membership to the BMA.

**To complete the petition click here:** bit.ly/UKGPPetition

## Introduction

Specialty training competition ratios and bottlenecks have reached breaking point. Preliminary information for the 2025 specialty training application cycle is incredibly concerning. This year there are over 33,000 applicants for just under 13,000 training posts. This means that there will be up to 20,000 doctors left out of specialty training this August. Even if you are not directly affected, please support your colleagues. We need action now to prevent widespread unemployment.

## Background

Competition ratios have particularly worsened since 2019. Prior to 2019, the UK utilised a Round 1/Round 2 system for applications. Round 1 was open to those from the UK and EU as well as those with settled status in the UK; Round 2 was open to those who did not meet these requirements.

The Government removed medicine from the “shortage occupation list” in 2019, within the previous Resident Labour Market Test (RLMT) rules. This meant that employers could sponsor visas without having to prove that no suitable settled worker was available for the role.

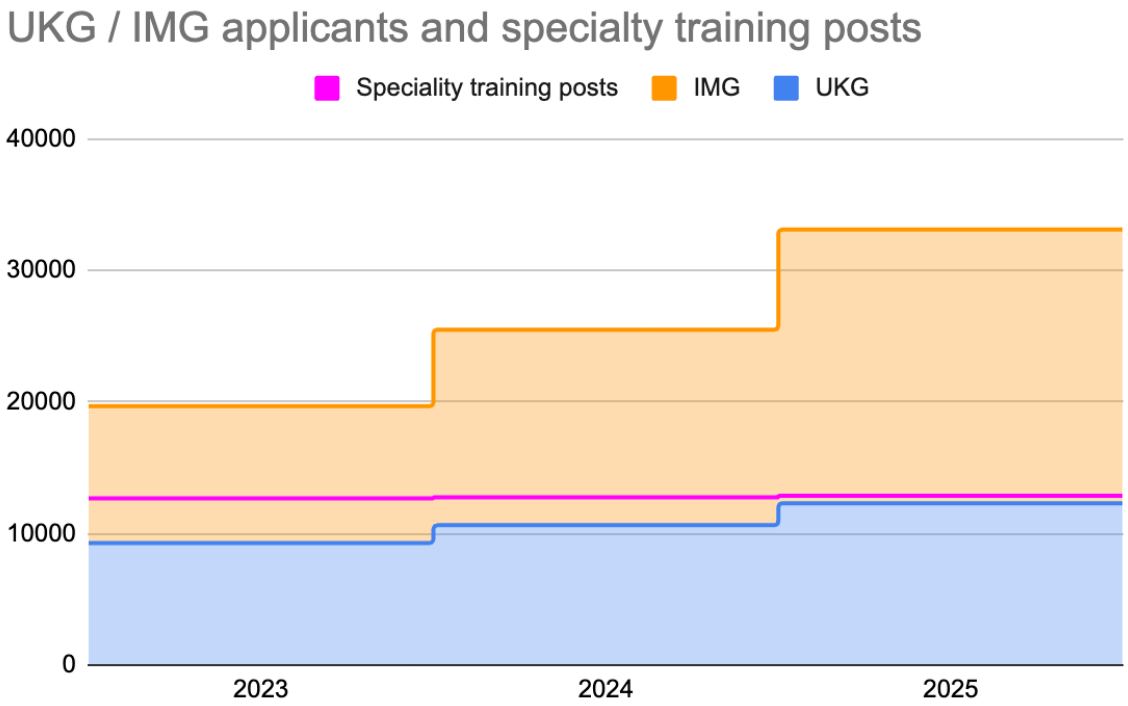
As a result the Round 1/Round 2 system was effectively abolished. This meant that doctors from anywhere in the world could now apply directly to specialty training in the UK without ever having worked in the UK.

The abolition of RLMT and its replacement with a flat global entry to specialty training has led to an exponential increase in competition ratios and will, if left unchecked, directly drive unemployment of UK medical school graduates unable to emigrate from the UK.

## Unique applicants

The number of unique applicants over the past three application cycles is outlined below [1]:

| | **2023** | **2024** | **2025** |
|---|---|---|---|
| **UKG** | 9273 | 10628 | 12305 |
| **IMG** | 10402 | 14868 | 20803 |
| **Total** | 19675 | 25496 | 33108 |
| **Posts** | 12680 | 12743 | Unreleased* |




*Training posts for 2025 have not yet been released. The graph assumes 1% growth in specialty training posts. The average increase in training posts since 2016 has been less than 1%. Last year specialty training posts increased by 0.5%.

Percentage increase in applicants year on year:

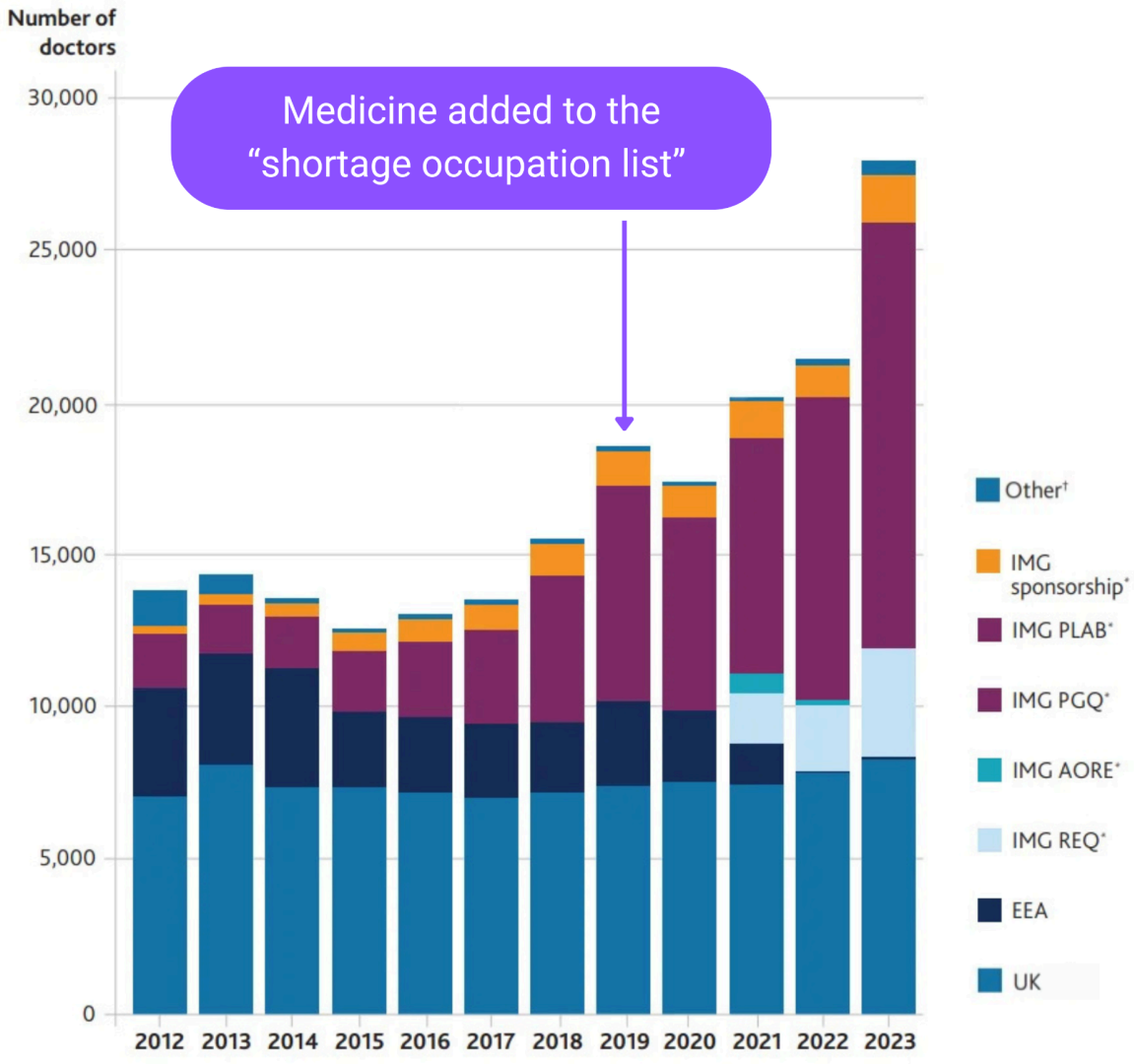
| | **UKG % increase** | **IMG % increase** | **Total % increase** |
|---|---|---|---|
| **2023→2024** | 14.62% | 42.93% | 29.58% |
| **2024→2025** | 15.78% | 39.91% | 29.85% |

Using these trends the prediction for the number of applicants in 2026 would be as follows:

| | **2023** | **2024** | **2025** | **2026 (Predicted)** |
|---|---|---|---|---|
| **UKG** | 9273 | 10628 | 12305 | 14169 |
| **IMG** | 10402 | 14868 | 20803 | 29429 |
| **Total** | 19675 | 25496 | 33108 | **43598** |
| **Posts** | 12680 | 12743 | Unreleased | Unreleased |

There is no readily available data on the number of IMG applicants to specialty training before 2023. However, there is GMC data on doctors joining the UK workforce by their “route to joining” going back to 2012 [2]:

Figure 22: Doctors joining the UK workforce, by route to joining, 2012–2023




* *IMGs are doctors who graduated outside of the UK and the EEA.*

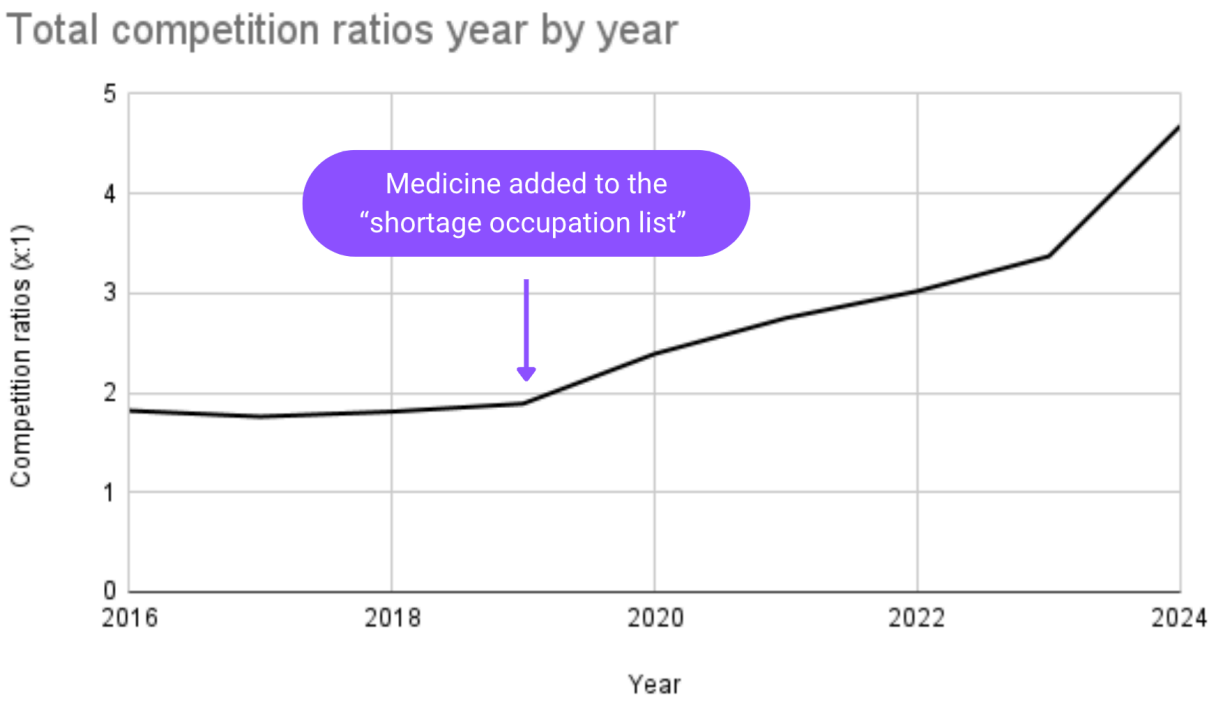
† *Other combines doctors who have re-joined the register after leaving and routes with less than 25 doctors per year.*

As demonstrated here, the number of UKGs has remained relatively stable over the past decade. Whilst there has been an increase in UKGs as a result of increased medical school places over the past two years, this has been outstripped by exponential growth in the number of IMGs joining the workforce since medicine was added to the “shortage occupation list” in 2019.

## Applications and competition ratios

Below are the total competition ratios for all specialty training posts year by year. This reflects the total number of applications made by applicants compared to specialty training posts available (data for 2025 is not yet available) [3]:

| Year | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|
| Total Competition ratios (x:1) | 1.82 | 1.76 | 1.81 | 1.89 | 2.39 | 2.75 | 3.02 | 3.37 | 4.68 |




Prior to the Government adding medicine to the "shortage occupation list", the total competition ratios had remained relatively stable. However, since this intervention was made in 2019, we can see the beginning of an exponential increase in total competition ratios year on year. This is projected to increase significantly again this year.

Total competition ratios will likely continue to grow at an exponential rate due to several factors, including; applicants who were unsuccessful to secure a specialty training post the year before having to reapply; an increase in the number of UKGs due to an expansion of medical school places; and a significant increase in the number of IMGs continuing to enter the workforce and applying for specialty training. Increasing training numbers alone will not be enough to address this.

Below is the overall average number of applications per applicant for each specialty training application cycle:

| Year | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|
| Average applications per applicant | 1.39 | 1.37 | 1.41 | 1.52 | 1.63 | 1.77 | 1.92 |

Over the past few years the pressure on training programme recruitment offices has resulted in an increased reliance on the Multi-Specialty Recruitment Assessment (MSRA). The MSRA is a poorly validated mechanism by which to shortlist candidates when used outside of its intended scope of GP training entry.

This is exacerbated by the MSRA increasingly being used to select for a small high centile population rather than deselect a large low centile population. What this means in real terms for applicants to non GP specialties is that the often random nature of the Situational Judgement Test scores has become determinative. It nonetheless continues to be leaned on by recruitment officers as a cheap and easy way to whittle down applications.

Since 2018 the average applications per applicant has increased from 1.39 to 1.92 [4] [5]. This may be due to applicants feeling increasingly concerned they will not secure a training place, therefore applying for multiple specialties.

While some have argued that the reason for increased competition ratios is due to individuals submitting more applications in each round, this alone does not account for the substantial and exponential increase in total application competition ratios.

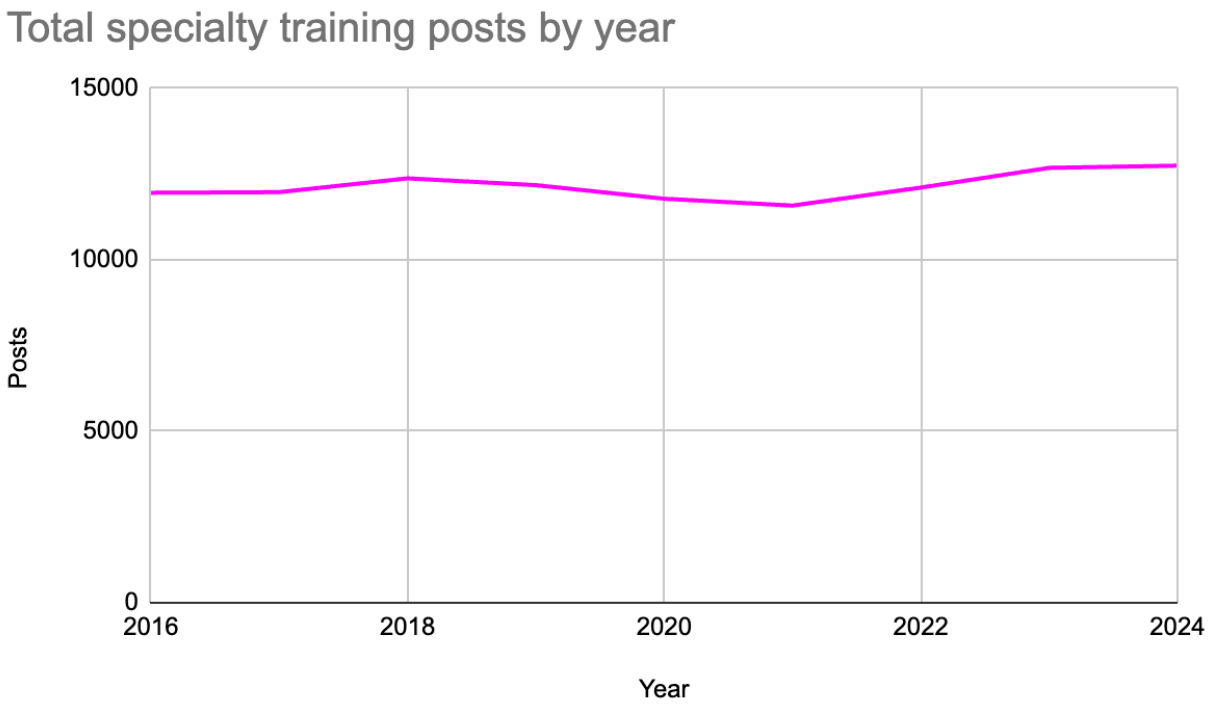
There has only been a 39% increase in the average number of applications per applicant since 2018, however the average total application competition ratio has increased by 158% over the same period. As mentioned above, the total number of applicants has increased from 19,675 to 33,108 since 2023 alone, or a 68% increase in applicants (rather than applications) in the past two years alone.

Whilst limiting applications an individual can make may slightly reduce the total competition ratio on paper, it will not bring us back to 2019 levels, and will not address the fact that thousands of applicants will be left without a specialty training post, and potentially unemployed.

## Specialty training posts

The total number of specialty training posts per year since 2016 is outlined below alongside the difference between that year and the previous year:

| Year | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|
| Posts | 11953 | 11971 | 12374 | 12175 | 11779 | 11579 | 12105 | 12680 | 12743 |
| Difference | | 18 | 403 | -199 | -396 | -200 | 526 | 575 | 63 |




As demonstrated above, specialty training posts have remained relatively stable for almost a decade. The average increase in training posts since 2016 has been less than 1%. Last year specialty training posts increased by 0.5%. This is in stark contrast to the number of applicants.

Even if training posts were to be doubled tomorrow, there would not be enough training posts for the number of applicants this year.

**Summary:**

- Whilst there has been an increase both in the number of UKG and IMG applicants every year, the data from the GMC report gives rise to significant concern regarding an exponential rise in the number of IMGs joining the workforce.
- The specialty training applicant data demonstrates that the number of IMG applicants has grown at a faster rate (41%) than UKGs (15%) since 2023.
- This year there were approximately two IMG applicants for every UKG applicant.
- This includes IMGs who are applying from abroad, having never worked in the UK.
- According to current projections, in 2026 we may well see over 40,000 applicants for fewer than 13,000 posts.
- The greatest increase in competition ratios and IMGs joining the workforce has been since medicine was added to the “shortage occupation list” in 2019.
- Before medicine was added to the “shortage occupation list” by the Government in 2019, the UK had a Round 1 application cycle for UK and EU graduates as well as those with

settled status in the UK, Round 2 applications allowed doctors from elsewhere in the world to apply for any posts that were unfilled.

- Before medicine was added to the “shortage occupation list”, competition ratios averaged at around 1.7-1.9:1 between 2016-2019 [6].
- In 2024 competition ratios were 4.6:1; this may increase to 6:1 or higher this year.
- The massive increase in application numbers since 2019 has left recruitment programmes overwhelmed. As a result they have increasingly relied on the MSRA to whittle down the number of applications.
- Between 2019 to 2023, the proportion of IMGs across all training programmes rose on average from 18% to 27% [7].
- 52% of offers accepted on the GP registrar training programme in 2023 were IMGs [8].
- In 2012 66% of FY2s went straight into specialty training; in 2022, this had dropped to 25% [9].
- Over the past 8 years on average, specialty training posts increased by less than 1% per year; last year the increase in specialty training posts was 0.5%.
- Almost every other country in the world has some form of prioritisation for local graduates. This includes comparable OECD countries such as Australia, Canada, USA and France.
- All of the above also marks a disaster for workforce planning; unless acted upon now, there will likely be knock on effects to the consultant and GP workforces in years to come.
- Action is required now; the uncontrolled growth in the number of applicants has been an issue since the addition of medicine to the “shortage occupation list” and the subsequent abolition of the resident labour market test.
- Even if training posts were to be doubled tomorrow, there would not be enough training posts for the number of applicants this year.
- Unless addressed immediately there is likely to be mass unemployment of those unsuccessful for training applications this year; this could be up to 20,000 doctors.
- This leaves UKGs in a unique position globally due to having no recruitment programme that will prioritise them.
- The UKGs worst affected if action is not taken will be those who are limited in their ability to emigrate: those with young families, disabilities, caring responsibilities or low family wealth.
- We can not sustain a policy of uncontrolled and exponential growth of specialty training applicants every year.

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[1] https://www.specialty-applications.co.uk/competition-ratios/2024-competition-ratios
[2] https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf pg 35 (presentation adjusted https://www.reddit.com/r/doctorsUK/comments/1ib7por/changes_in_the_workforce_and_its_impact_on/)
[3] https://www.specialty-applications.co.uk/competition-ratios
[4] https://www.reddit.com/r/doctorsUK/comments/1gndqmm/comment/lwes9w7
[5] https://www.whatdotheyknow.com/request/appliants_to_more_than_one_medic#incoming-2798240
[6] https://www.specialty-applications.co.uk/competition-ratios/2016-competition-ratios
[7] https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf pg 50
[8] https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf pg 50
[9] https://www.gmc-uk.org/-/media/documents/somep-workforce-report-2024-full-report_pdf-109169408.pdf pg 9